

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

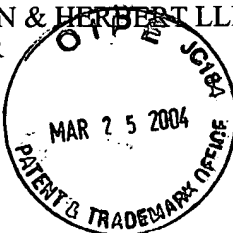
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

12/23/2003

FLEHR HOHBACH TEST ALBRITTON & HERBERT LLP
SUITE 3400, 4 EMBARCADERO CENTER
SAN FRANCISCO, CA 94111-4187



Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

| | |
|--------------------|--------------------|
| Lori Cox | (Depositor's name) |
| <i>[Signature]</i> | (Signature) |
| March 22, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|-----------------------|---------------------|------------------|
| 09/070,699 | 04/30/1998 | DAVID L. DICKENSHEETS | A-62591-3/AJ | 4718 |

TITLE OF INVENTION: MINIATURE SCANNING CONFOCAL MICROSCOPE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|------------------|-------------------|----------------|-----------------|------------------|------------|
| nonprovisional | YES No | \$665 1330.00 | \$0 | \$665 1330.00 | 03/23/2004 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| SANGHAVI, HEMANG | 2874 | 385-088000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

DORSEY & WHITNEY
1. LLP
2.
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

THE BOARD OF TRUSTEES OF THE LELAND
STANFORD JUNIOR UNIVERSITY

STANFORD, CA

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies TWO (2)

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 50-2319 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *[Signature]* (Date) 03/22/04
Maria S. Swiatek
Reg. No. 37,244, for Aldo J. Test, Reg. No.

18,048

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

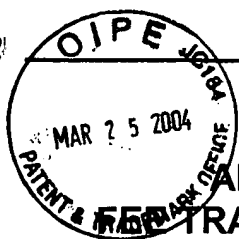
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

03/26/2004 HBERHE1 00000027 09070699

01 FC:1501
02 FC:8001

1330.00 OP
6.00 OP



APPLICATION TRANSMITTAL SHEET (FY 2004)

| Complete if Known | |
|----------------------|----------------------------|
| Application No. | 09/070,699 |
| Filing Date | April 30, 1998 |
| First Named Inventor | David L. Dickensheets |
| Group Art Unit | 2874 |
| Examiner Name | SANGHAVI, HEMANG |
| Atty. Docket Number | A-62591-3/AJT (468330-609) |

| METHOD OF PAYMENT (Check One) | | | | FEE CALCULATION (Continued) | | | |
|--|------------------------|---|--------------------|---------------------------------|------------------------|--|------------|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: 50-2319 Deposit Account Name: <u>DORSEY & WHITNEY LLP</u> <input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27) | | | | 3. ADDITIONAL FEES | | | |
| 2. <input checked="" type="checkbox"/> Check Enclosed | | | | Large Entity Fee | Small Entity Fee | Fee Description | Fee paid |
| FEE CALCULATION | | | | 50 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 1. BASIC FILING FEE | | | | 130 | 65 | Surcharge - Late nonprovisional filing fee or oath | |
| Large Entity Fee | Small Entity Fee | Fee Description | | 180 | 180 | Submission of IDS | |
| 160 | 80 | <input type="checkbox"/> Provisional Filing Fee | | 40 | 40 | Recording each patent assignment per property (times number of properties) | |
| 770 | 385 | <input type="checkbox"/> Utility Filing Fee | | | | | |
| 340 | 170 | <input type="checkbox"/> Design Filing Fee | | | | | |
| 770 | 385 | <input type="checkbox"/> Reissue Filing Fee | | | | | |
| Subtotal (1) | | | | | | | |
| 2. EXTRA* CLAIM FEES | | | | 110 | 55 | Extension for reply within first month | |
| Number Claims | Prior | Extra | Fee from Below* | 420 | 210 | Extension for reply within second month | |
| Total | - 20 | = | x | 950 | 475 | Extension for reply within third month | |
| Indep. | - 3 | = | x | 1,480 | 740 | Extension for reply within fourth month | |
| Multiple Dependent Claims | = | x | = | 2010 | 1005 | Extension for reply within fifth month | |
| Subtotal (2) | | | | 770 | 385 | Submission After Final 1.129 | |
| *Calculation of Extra Claim Fees | | | | 330 | 165 | Notice of Appeal | |
| Large Entity Fee | Small Entity Fee | Fee Description | | 330 | 165 | Filing a brief in support of an appeal | |
| 18 | 9 | Claims in excess of 20 | | 290 | 145 | Request for oral hearing | |
| 86 | 43 | Independent claims in excess of 3 | | 110 | 55 | Terminal Disclaimer Fee | |
| 290 | 145 | Multiple dependent Claim | | 130 | 130 | Petitions to the Commissioner | |
| 84 | 42 | Reissue independent claims over original patent | | 50 | 50 | Petitions related to provisional applications | |
| 18 | 9 | Reissue claims in excess of 20 and over original patent | | | | | |
| | | | | 1,330 | 665 | Utility/Reissue Issue Fee (including advance copies) | \$1,336.00 |
| | | | | 480 | 240 | Design Issue Fee (inc. advance copies) | |
| | | | | 770 | 385 | Request for Continued Examination (RCE) | |
| | | | | 300 | 300 | Publication fee for early, voluntary, or normal publication | |
| | | | | 300 | 300 | Publication fee for re-publication | |
| | | | | 110 | 55 | Petition to Revive - unavoidable | |
| | | | | 1,330 | 665 | Petition to Revive - unintentional | |
| | | | | OTHER FEE (specify): | | | |
| | | | | Subtotal (3) | | | \$1,336.00 |
| | | | | Total Amount of Payment: | | | \$1,336.00 |

Submitted by:

| | | |
|--|---|------------------------------|
| Name: Maria S. Swiatek, Reg. No. 37,244 for Aldo J. Test | Reg. No.: 18,048 | Telephone: 650-494-8700 |
| DORSEY & WHITNEY LLP | Four Embarcadero Center, Suite 3400 San Francisco, California 94111-4187 | Customer Number 32940 |
| Signature: <i>Maria Swiatek</i> | | Date: March 22, 2004 |